



Chewelah Arts Guild

PO Box 1437, Chewelah, WA 99109

www.chewelahartsguild.org

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Arts In Schools Classroom Teacher Evaluation

Teacher Name: _____ Grade: _____

School Name: _____ Artist Instructor: _____

Date and Time lesson took place: _____ Number of participating students: _____

Lesson: _____

While answering the questions below, feel free to elaborate on the back of this page.

Did the Artist Instructor:

1. provide some/all/none of the lesson materials?
2. utilize allotted time well? Yes/No
3. communicate well with students? Yes/No
4. utilize help/support from a volunteer assistant, Para, or Teacher? Yes/No

Did Students:

1. understand the lesson/project readily? Yes/No
2. seem engaged in lesson/project? Yes/No
3. feel free to ask questions or for assistance? Yes/No

Please offer any additional comments, suggestions and/or future improvements:

THANK YOU!